



ENVIRONMENTAL RESOURCES MANAGEMENT

33 S.W. 2nd Avenue
MIAMI, FLORIDA 33130-1540
(305) 372- 6600

APPLICATION FOR PERMIT TO OPERATE
A POLLUTION CONTROL FACILITY

Applicant's Name and Title: _____

Applicant's Address: _____ Telephone No. : _____

Please attach a check in the amount of \$_____ made payable to "Miami-Dade County". This fee amount is based on the fee schedule approved by the Board of County Commissioners.

The undersigned owner or authorized representative* of _____ is fully aware that the statements made in this application for an operating permit are true, correct, and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facility in such a manner as to comply with the provisions of Chapter 24 of the Code of Miami-Dade County and all the rules and regulations of the department. The undersigned person also understands that a permit, if granted by the department, will be non-transferable and that he/she will promptly notify the department upon sale, change of location, or legal transfer of the permitted facility.

***ATTACH LETTER OF AUTHORIZATION**

Signature, Owner or Authorized Representative
(**Notarization is mandatory**)

Typed Name and Title

Sworn to and subscribed before me this _____ day of _____ 20____

By _____ .

Personally known _____ or Produced Identification _____.

(Please check one)

Type of Identification Produced: _____

Notary Public



FOR OFFICE USE ONLY

**ENVIRONMENTAL RESOURCES MANAGEMENT
INDUSTRIAL FACILITIES SECTION**

CK# _____ AMT _____ DATE _____
PSC _____ FOC _____ SIC _____
WELLFIELD CODE _____
IW5- _____ FILE# _____
PLAN REVIEW COMMENTS _____

33 S.W. 2nd Avenue
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PERMIT CODE _____
REVIEWER _____

**APPLICATION FOR IW5 PERMIT, TO OPERATE INDUSTRIAL AND
COMMERCIAL POTENTIAL SOURCES OF POLLUTION**

1. DATE _____
2. NAME OF COMPANY: _____
3. BUSINESS ADDRESS/LOCATION: _____
CITY: _____ ZIP: _____ 4. BAY/ SUITE # : _____
5. PROPERTY FOLIO NO: _____ (For Folio Information contact the Property Appraiser Dept. at (305)375-4070)
6. TYPE OF BUSINESS: _____ 7. TEL NO.: _____
8. OWNER / AUTHORIZED PERSON: _____ 9. TITLE: _____
10. MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
11. NIGHT EMERGENCY TEL. NO.: _____
12. MIAMI-DADE COUNTY CERTIFICATE OF OCCUPANCY NO.: _____
13. MUNICIPAL OCCUPATIONAL LICENSE NO. _____
14. OTHER DERM PERMIT(S) NO.(S): _____
15. HOURS OF OPERATION: _____
16. WATER SUPPLY: PUBLIC WATER YES ☐ NO ☐ . ARE THERE ANY PRIVATE WELLS YES ☐ NO ☐
17. WATER VOLUME USED _____ GPD (gallons per day)
18. IS FACILITY SERVED BY SANITARY SEWERS OR SEPTIC TANK ? _____

COPY OF MOST RECENT WATER BILL MUST BE PROVIDED

19. NEW(UNUSED) MATERIALS STORAGE

(check one or more)	QUANTITY STORED	STORAGE METHOD
Antifreeze/ Coolant		
Chlorine		
Diesel Fuel		
Dry Cleaning Liquids		
Film Processing Chemicals		
Gasoline		
Inks		
Oils		
Pesticides		
Solvents		
Transmission Fluid		
OTHER (Specify)		

20. WASTE HAULER INFORMATION

TYPE OF WASTE	STORAGE, TREATMENT, CONTAINMENT, OR DISPOSAL DEVICE	DIMENSIONS AND DESCRIPTIVE DATA	**NAME/ADDRESS WASTE HAULER	FREQUENCY
OIL				
OIL FILTERS				
COOLANT/ ANTIFREEZE				
BATTERIES				
PARTS WASHER(S)				
SOLVENTS/ PAINTS				
RAGS				
DRY CLEANING LIQUID/ FILTERS				
CARBURETOR CLEANER				
FILM PROCESSOR WASTE				
SILVER RECOVERY CARTRIDGE/ CANISTER				
BIO-HAZARDOUS				
OTHERS (Specify)				

****LISTS OF PERMITTED WASTE HAULERS ARE AVAILABLE UPON REQUEST. PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION.**

21. PLEASE ATTACH ON A SEPARATE SHEET A SITE/FLOOR PLAN OF THE FACILITY INDICATING THE LOCATION OF FLOOR DRAINS, SINKS, DOORWAYS, MATERIAL STORAGE, WASTE GENERATION AND DISPOSAL AREAS.

22. _____
Owner or Authorized Official (Please Print)

23. _____
Title

24. _____
Date

25. _____
Signature

NOTE: THE INFORMATION REQUESTED MUST BE FILLED IN COMPLETELY AND ACCURATELY IN ORDER FOR THE PERMIT APPLICATION TO BE PROCESSED.